## Department CT REVIEWER CHECKLIST

Dept: Reviev	Fund #: ver:	Amount of Debit: Date Reviewed
Review	v criteria	
	Verify if the situation is a cost transfer that require	res a CT form
	Confirm that the Debiting Account is not overspe	
	- · · · · · · · · · · · · · · · · · · ·	d final figure (Review Financial Deliverables in GMAS).
Determ	nine whether it is over or under 90 days*, (use <u>Cos</u>	t <u>Transfer Calculator</u> to do so).
	Under 90	
	Over 90	
Look fo	or relevant supporting documentation (all CT reque	ests must include a., b., and c.):
	a. Cost Transfer Form – Signed and dated	orthogonal at form on insurant) with more of CT and in a constant
	c. GL Detail Listing of original charges (not DL with	ent screenshot for equipment) with proper CT naming convention
		illowability, allocability and reasonableness. List support
	provided:	mowability, allocability and reasonableness. Elst support
<u>Docun</u>	nentation needed for <i>Under 90 Days Cost Tran</i>	sfer:
	a description of the expense being transferre	d: ex. Name & Role person plays*
	a brief explanation why the cost transfer is re	easonable, allocable, and allowable*
	cost transfer for air travel costs from a non-fe	ederal account must comply with the Fly America Act (U.S.
	flag air carrier, open skies agreement & lowe	st economy air)
	Verify CT meets the "Unlike Purpose and Circ	umstances Criteria for costs generally treated as indirect
	costs (office supplies, meals etc.)	
	Verify that non-salary expenses (purchase go	ods and services) over \$10K have VJF support and expenses
	over \$25K have suspension and debarment s	upporting documentation
<u>Docun</u>	nentation needed for Over 90 Days Cost Trans	<u>fer:</u>
	In addition to the documentation required fo	r Under 90 days Cost transfer, it should also include
	additional documentation to justify the late r	equest.
	Provide support for the over 90-day exceptio	n selected for the cost transfer (e.g., copy of action memo,
	correspondence between departments and c	entral offices, etc.
Approv	val criteria	
	Confirm the description of cost all attributes of the	
	Ensure that supporting documentation is include	d for proper justification.
	Ensure this CT package can stand-alone.	

APPROVAL BY DIRECTOR/ASSISTANT DIRECTOR OF RESEARCH ADMINISTRATION&FINANCE OR EQUIVALENT POSITION:

<sup>\*</sup> Note that for Over 90-day cost transfers with the late Action Memo exception, this documentation is not required per the CT form.